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Patent
Attorney Docket: 156906-0008

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:	Customer No.: 29000
Philippe A. CHARRIN	Confirmation No.: 7395
Serial No.: 09/903,322	Group Art Unit: 2876
Filed: July 10, 2001	Examiner: Franklin, Jamara
For: COMBINED CARD READER AND BILL ACCEPTOR	Office Action Mailed: January 11, 2005

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment and Response to Office Action for the above-identified application.

☒ Applicant(s) petitions for an extension of time under 37 CFR § 1.136 [fees: 37 CFR § 1.17(a)(1)-(4)] for the total number of months checked below:

EXTENSION (months)	FEE FOR SMALL ENTITY		FEE FOR OTHER THAN SMALL ENTITY	
1 month	☒	$60.00	☐	$120.00
2 months	☐	$225.00	☐	$450.00
3 months	☐	$510.00	☐	$1,020.00
4 months	☐	$795.00	☐	$1,590.00

CERTIFICATE OF MAILING UNDER 37 CFR 1.8

I hereby certify that this document (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as First Class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

05/16/2005 KHAWKIN1 00099092 090346   09903322

Date: May 11, 2005   Sent by: Connie Kwon   Signature: _Connie Kwon_

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☐ An extension for _____ months has already been secured and the fee paid therefor of _____ is deducted from the total fee due for the total months of extension now requested.

☒ Extension fee due with this Request $60.00.

☐ **NO ADDITIONAL EXTENSION FEE IS REQUIRED.**

FEES FOR CLAIMS:

☒ Applicant claims small entity status under 37 CFR 1.27.

The fees for claims (37 CFR § 1.16(b)-(d)) have been calculated as shown below:

Total Claims	45	-	41	=	4	x	$50.00	$200.00
Independent Claims	5	-	4	=	1	x	$200.00	$200.00
Multiple Dependent Claims	$360	(if applicable)				☐		$0.00
TOTAL OF ABOVE CALCULATIONS								$400.00
Reduction by ½ for Filing by Small Entity. Note 37 CFR §§ 1.9, 1.27, 1.28. ☒								$200.00
Extension Fee								$60.00
TOTAL FEES SUBMITTED HEREWITH								$260.00

☐ No additional fee is required.

☐ A check in the amount of _____ is enclosed to cover the above fee(s).

☒ Charge Deposit Account No. 09-0946 in the amount of **$260.00**.

☒ The Commissioner is authorized to charge Counsel's Deposit Account No. **09-0946** for any fees required under 37 CFR §§ 1.16, 1.17 and 1.445 that are not covered, in whole or in part, by a check enclosed herewith and to credit any overpayments to said Deposit Account **09-0946**.

Respectfully submitted,

IRELL & MANELLA LLP

Dated: May 11, 2005

By: _____
Christopher A. Vanderlaan
Reg. No. 37,747

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(310) 277-1010

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PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2004

Application or Docket Number 09/903322

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	41 minus 20=	21
INDEPENDENT CLAIMS	4 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT		☐

SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
BASIC FEE	395.00	OR	BASIC FEE	790.00
x 9	189	OR	x ___	
x 40	40	OR	x ___	
+ ___		OR	+ ___	
TOTAL	pd.	OR	TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A

		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
	Total	45	Minus	41	4
	Independent	5	Minus	4	1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
x 25	100	OR	x ___	
x 100	100	OR	x ___	
+ ___		OR	+ ___	
TOTAL ADDIT FEE	pd.	OR	TOTAL ADDIT FEE	

AMENDMENT B

		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
	Total		Minus		
	Independent		Minus		=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
x ___		OR	x ___	
x ___		OR	x ___	
+ ___		OR	+ ___	
TOTAL ADDIT FEE		OR	TOTAL ADDIT FEE	

AMENDMENT C

		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
	Total		Minus		=
	Independent		Minus		=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
x ___		OR	x ___	
x ___		OR	x ___	
+ ___		OR	+ ___	
TOTAL ADDIT FEE		OR	TOTAL ADDIT FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.